

Exposure Surveillance, Self-Reported Symptoms — Instructions

Local public health authorities may use this electronic form to identify and and monitor any individual who has been exposed to the etiologic agent of concern via the physical or occupational environment or via social contact. Contact investigation and monitoring of persons with exposure to a known case may also be entered on the Case Household and Primary Contacts (CHPC) Surveillance form that is linked to the Case Investigation Form (CIF). To enter contact information on the CHPC, open the CIF from the Smallpox Menu. Locate the record of the case to whom the contact was exposed and click on the Enter Contacts button on the Case Identification page.

Completing the Exposure Surveillance Form General Information

This form originated from several forms developed for a contact tracing procedure drafted in 2002 and included among other OMB-approved forms that were intended for use during a smallpox outbreak (OMB 0920-0008, Exp. Date 6/2003). The CHPC is a compilation of basic questions to be included in electronic data collection. A complete set of the 2002 forms and recommendations for a standard procedure for identifying, tracing, and following known and potential contacts can be found on the [CDC Smallpox website](http://www.cdc.gov/smallpox/).

For more comprehensive surveillance, go to <http://epiinfovhf.codeplex.com/>. Contact your Team Lead or Response Coordinator for additional guidance.

If your jurisdiction has opted to use this form, refer to the following question-specific instructions. Note that if you want to exclude a record from the data you send to your point of contact (POC), select **Delete** from the menu bar. You will not delete the record from your database; rather, you will prevent sending it to someone else. When you want to include the record among those transmitted to your POC, select **Undelete** before transmitting the data again.

Coding Checks: To maximize data integrity, some fields may be unavailable because of a response(s) to another question(s). Other checks may highlight potential errors and show a pop-up message. A few of the responses are autofilled based on other information entered on the form. Please note that highlighted fields will be cleared when the record is closed or the field is corrected.

Ideally, and if resources are available, primary contacts who do not have fever or rash at the time of interview should remain under active surveillance for 21 days after their last contact with the smallpox case, or 14 days following successful vaccination.

Any contact with fever for 2 consecutive days should be referred for clinical evaluation.

Contact Identification

Return to the **Contact Identification** page to change information in these 'Read-Only' fields:
Contact ID; First Name; Last Name; Date of First Household Visit

Self-Reported Symptoms

Temperature

Please Record Highest Temperature

Enter the highest recorded temperature in the space provided; in the next space select the measurement type from the drop-down list.

Helpful Hint: Selecting a Response from a Drop-Down List

Typing the first letter or two will minimize the need for scrolling.

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Symptoms

Fever?

Click in the box to indicate that the person under observation (PUO) reported having a fever.

i [Information Button]

Clinical Smallpox

A clinical case of smallpox is defined by acute onset of fever of at least 101° F (or 38.3° C) followed by a rash with firm, deep seated vesicles or pustules in the same stage of development without other apparent cause.

Rash?

Click in the box to indicate that the PUO reported having a rash.

i [Information Button]

Rash Types

A smallpox rash may consist of raised pustular lesions; flat pustules; or widespread hemorrhages; it often occurs on the face and forearms. Occasionally, the rash may be absent.

Cough?

Click in the box to indicate that the PUO reported having a cough.

Dates of Symptom Onset

Date of Fever Onset

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the last time the contact was with the case.

Helpful Hint: Navigating in the Drop-Down Calendar

Select today's date at the bottom of the calendar

- If the date occurred this month, click on the day
- If the date was a month or more earlier
 - Click on the month/year in the top center of the calendar
 - Use the navigation arrows in the top corners

Date of Rash Onset

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the last time the contact was with the case.

Date of Cough Onset

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the last time the contact was with the case.

Counseling Checklist

Contact (or Guardian) Received Forms

Click in the box to indicate that the PUO or guardian received relevant forms.

Travel and Exposure History (Forms 2A, 2B, 2C, 2E, 3B, 3C)

Click in the box to indicate that the PUO or guardian received these forms.

Self-Check Symptoms

Click in the box to indicate that the PUO or guardian received these forms.

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Interviewer Instructed Contact (or Guardian) on Form Use

Click in the box to indicate that this is true for all forms provided to the PUO or guardian.

Travel and Exposure History

Click in the box to indicate that the PUO or guardian received these forms.

Self-Check Symptoms

Click in the box to indicate that the PUO or guardian received these forms.

Contact (or Guardian) has telephone number for Public Health Department ... if symptoms are noted.

Click in the box to indicate that this is true.

Current Health Status

What is the current health status?

Select a response from the drop-down list.

If Other, please specify

Enter the requested information in the space provided.

If contact has become a case, list case ID

Enter the requested information in the space provided. Use the same case ID on both this form and the Case Investigation Form (CIF). Contact your Team Lead for instructions on transporting data already collected on the CHPC to populate fields on this PUO's case report in the CIF.

If contact has other illness, please specify.

Enter the requested information in the space provided.

Current Disposition or Outcome of Contact Investigation

Disposition

Enter a response from the drop-down list.

If Other, please specify.

Enter the requested information in the space provided.

NAVIGATION BUTTONS

(bottom of page)

PREVIOUS PAGE [Command Button]

Click on the button to go to **Core Prevention Strategies**.

ADD ANOTHER CONTACT [Command Button]

Click on the button to go to **Self-Reported Symptoms**.